

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031845

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 32

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Campbell</b>		c. CITY OR TOWN <b>Kennett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Campbell Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>201 Emerson St.</b>	

3. NAME OF DECEASED (Type or print) <b>Dorothy Ann Stokes</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>20</b> Year <b>1963</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/28/1888</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Logan County, Ark.</b>	
13a. FATHER'S NAME <b>Jim Burton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Lovall</b>		14. NAME OF HUSBAND OR WIFE <b>unknown, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT Address <b>Pleas Sowell; Kennett, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE, SEVERE</b> DUE TO (b) <b>CEREBRAL HEMORRHAGE, OLD</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b> <b>16 MONTHS</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from <b>8-5-63</b> to <b>8-20-63</b> and last saw her alive on <b>8-18-63</b> Death occurred at <b>approximately 7:00p</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Charles S. Williams, M.D.</b>	22b. ADDRESS <b>MALDEN, Mo</b>	22c. DATE SIGNED <b>8-22-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/22/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>
23d. LOCATION (City, town, or county) <b>Kennett Missouri</b>		24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>

25. DATE RECD. BY LOCAL REG. <b>8-24-1963</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Paula Campbell</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59  
10350  
20355  
3  
4 1  
5 2  
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7 1  
8 2  
9331X  
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11  
1286.0  
13 7-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James E. Doherty*

Licensed Embalmer No.

*4886*

P. O. Address

*Kennett, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.